

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS028S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAS VEGAS HEALTHCARE AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/09/09 and finalized on 09/09/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022132 was substantiated with deficiencies cited. (See Tags Z 470 and Z 474)</p> <p>Complaint #NV00022424 was substantiated with deficiencies cited. (See Tag Z 300)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000		
Z300 SS=D	<p>NAC 449.74491 Prohibited practices</p> <p>1. A facility for skilled nursing shall adopt and carry out written policies and procedures that prohibit:</p> <p>a) The mistreatment and neglect of the patients</p>	Z300		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS028S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAS VEGAS HEALTHCARE AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z300	Continued From page 1  in the facility; b) The verbal, sexual, physical and mental abuse of the patients in the facility; c) Corporal punishment and involuntary seclusion; and d) The misappropriation of the property of the patients in the facility.  This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to prevent the loss and misappropriation of a resident's personal clothing. (Two pair of sweat pants and three shirts) The missing clothing was observed being worn by another resident at the facility. (Patient #2)  Severity: 2 Scope: 1  Complaint #NV00022424	Z300		
Z470 SS=F	NAC 449.74539 Physical Environment  1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to keep patient rooms, bathrooms, and storage areas clean and sanitary and free from an accumulation of dirt, rubbish, dust and safety hazards as follows:  1. In the bathroom of room 103 there were urine stains on the toilet seat and trash on the floor that included paper towels, used medications cups and an unidentified orange pill. The plastic door guard was peeling off both sides of the door and represented a safety hazard.	Z470		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS028S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAS VEGAS HEALTHCARE AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2832 S. MARYLAND PARKWAY</b> <b>LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z470	<p>Continued From page 2</p> <p>2. In room 106 the door guard was peeling away from the door representing a trip hazard. Soiled linen that included a patient gown and towel was located on the floor in the bathroom.</p> <p>3. In room 109 there was a large area of brown stains spattered on the floor and a wall next to a patients bed.</p> <p>4. In room 116 the floor had gray dirt stains. There was a towel on the floor along with used discarded latex gloves and trash behind a patients bed.</p> <p>5. In room 117 the tiles under the patients bed were blackened, peeling and cracking.</p> <p>6. In room 202 the cover was off the thermostat. The temperature control was not marked and there was no air circulating from the vent. The vent was covered with dust and dirt.</p> <p>7. In rooms 112, 302 and 314 brown dirt was on the floor behind the beds and the base boards were peeling off the walls.</p> <p>8. In room 301 an oxygen mask was found on the floor. A patients oxygen nasal prongs and tubing was laying on the floor by the patients bed.</p> <p>9. In room 312 there were three deep holes observed in the dry wall behind a patient's bed. The holes measured 7 inches x 4 inches, 2 inches x 6 inches and 2 inches by 8 inches.</p> <p>10. In the ice storage room the floor was covered with gray dirt stains and water which represented a safety hazard.</p> <p>11. In a shower room liquid soap was leaking</p>	Z470			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS028S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAS VEGAS HEALTHCARE AND REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2832 S. MARYLAND PARKWAY</b> <b>LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z470	Continued From page 3  from a dispenser onto the floor which represented a slip hazard.  Severity: 2 Scope: 3  Complaint #NV00022132	Z470		
Z474 SS=F	NAC 449.74539 Physical Environment  5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to provide adequate housekeeping services necessary to maintain a clean, sanitary and comfortable environment as follows:  1. The Administrator confirmed the facility had no housekeeping services at night.  2. In the bathroom of room 103 there were urine stains on the toilet seat and trash on the floor that included paper towels, used medications cups and an unidentified orange pill. The plastic door guard was peeling off both sides of the door and represented a safety hazard.  3. In room 106 the door guard was peeling away from the door representing a trip hazard. Soiled linen that included a patient gown and towel was located on the floor in the bathroom.  4. In room 109 there was a large area of brown stains spattered on the floor and a wall next to a patients bed.  5. In room 116 the floor had gray dirt stains. There was a towel on the floor along with used	Z474		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS028S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAS VEGAS HEALTHCARE AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z474	<p>Continued From page 4</p> <p>discarded latex gloves and trash behind a patients bed.</p> <p>6. In room 117 the tiles under the patients bed were blackened, peeling and cracking.</p> <p>7. In room 202 the cover was off the thermostat. The temperature control was not marked and there was no air circulating from the vent. The vent was covered with dust and dirt.</p> <p>8. In rooms 112, 302 and 314 brown dirt was on the floor behind the beds and the base boards were peeling off the walls.</p> <p>9. In room 301 an oxygen mask was found on the floor. A patients oxygen nasal prongs and tubing was laying on the floor by the patients bed.</p> <p>10. In room 312 there were three deep holes observed in the dry wall behind a patient's bed. The holes measured 7 inches x 4 inches, 2 inches x 6 inches and 2 inches by 8 inches.</p> <p>11. In the ice storage room the floor was covered with gray dirt stains and water which represented a safety hazard.</p> <p>12. In a shower room liquid soap was leaking from a dispenser onto the floor which represented a slip hazard.</p> <p>Severity: 2    Scope: 3</p> <p>Complaint #NV00022132</p>	Z474			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.